	UNITED STATES DI	ISTRICT C	QURTER(SE OFF	ICE.				
	Southern Distric	T OF NEW	- 1/0 p.r.						
			7 YORK 2022 MAR 1	1 AT IU	, , 0				
	Vinton P. Frost								
	Il name of the plaintiff or petitioner applying (each person								
mı	ust submit a separate application))	(CV	()	()		
	-against-		et number, if a nt, you will not				r.)		
	Civil Division United States Department of Just Uname(s) of the defendant(s)/respondent(s))								
	United States Department of Just	tice						•	
(fu	Il name(s) of the defendant(s)/respondent(s))								
	APPLICATION TO PROCEED WITHO	UT PREPA	YING FEI	ES OR C	OST	S			
and	m a plaintiff/petitioner in this case and declare that I ad I believe that I am entitled to the relief requested in toceed in forma pauperis (IFP) (without prepaying fees one:	this action. In	support of the	his applica	tion to)	3		
1.	Are you incarcerated? Yes I am being held at:	⊠ No	(If "No," go	o to Questi	on 2.)				
	Do you receive any payment from this institution? Yes No								
	Monthly amount:								
	If I am a prisoner, see 28 U.S.C. § 1915(h), I have attached to this document a "Prisoner Authorization" directing the facility where I am incarcerated to deduct the filing fee from my account in installments and to send to the Court certified copies of my account statements for the past six months. See 28 U.S.C. § 1915(a)(2), (b). I understand that this means that I will be required to pay the full filing fee.								
2.	Are you presently employed? Yes	🛛 No							
	If "yes," my employer's name and address are:								
	Gross monthly pay or wages:		over-netter						
	If "no," what was your last date of employment? 7/2015 Gross monthly wages at the time: \$1,738.34 one thousand-sevenhundred - thurtyeight + 7/10								
	Gross monthly wages at the time: \$1,73	38. ²⁴ One	thousand-	sexuhond	red -	thu	tyeigh	·+ /100	
3.	In addition to your income stated above (which you living at the same residence as you received more that following sources? Check all that apply.	should not re	peat here), h	ave you or	anyo	ne els			
	(a) Business, profession, or other self-employment(b) Rent payments, interest, or dividends		Yes Yes		No No				

(c) Pension, annuity, or life insurance payment	s	Yes	No No						
(d) Disability or worker's compensation payme	ents	Yes	No No						
(e) Gifts or inheritances	X	Yes	☐ No						
(f) Any other public benefits (unemployment,	social security,	Yes	No						
food stamps, veteran's, etc.) (g) Any other sources		Yes	₩ No						
If you answered "Yes" to any question above, d money and state the amount that you received a	NE (SSI) per mo escribe below or on s	eparate pages ea	SIA sch source of						
money and state the amount that you received a	and what you expect	100 co. 1 o 1	ruture.						
plan aufane AVS/SFO. Do not If you answered "No" to all of the questions about	my morner, w	To com gr	5 Jun Diagram						
prin arrjane 175/50. Do not	expect more le	an Marial 4.	so get for Xma						
If you answered "No" to all of the questions abo	ove, explain how you	are paying your	expenses:						
LWM in homeles der in shell Mot payin sent un lettities 4. How much money do you have in cash or in a c SAVINGS ACCT: \$ 100	h in NYC, ma Using favings, or	w of Campa inmate account?	in retrest for t						
SAVINGS ACCT: \$ 100	CHECKIAL ACC	ount: \$2	00						
5. Do you own any automobile, real estate, stock, bond, security, trust, jewelry, art work, or other financial instrument or thing of value, including any item of value held in someone else's name? If so, describe the property and its approximate value:									
N	Ö								
6 Do you have any housing transportation utility	ios au loon novemento	on other accula							
expenses? If so, describe and provide the amount of transportation \$ 200 Laundry	6. Do you have any housing, transportation, utilities, or loan payments, or other regular monthly expenses? If so, describe and provide the amount of the monthly expense: Transportation \$200 Lauraby \$20; Mobile phone \$50, Gear \$100								
7. List all people who are dependent on you for su much you contribute to their support (only pro-	pport, your relations	hip with each pe							
None									
Do you have any debts or financial obligations and to whom they are payable:	not described above?	If so, describe th	e amounts owed						
· Debtito friends and family	· Student Lor	me taxes 21	207 A9,000+						
Deciaration. Tuectare under penalty of perjury that	the above information	is true. I under	stand that a false						
statement may result in a dismissal of my claims.	VPV	Hut							
Prost Vintan P.	Signature								
Name (Last, First, MI) PO. Box 6671 NV	Prison Identification #	(if incarcerated)	7						
Address City	State	Zip Code							
917 - Avivate	Plaintifi	tappellant e	2 quail. com						
Telephone Number	E-mail Address (if avai	121	J						